

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: Ano  
Serial No: 10/017,737  
Filed: 12/14/2001  
For: STACKED IC PACKAGE

Docket No: TI-33183  
Examiner: Lewis, Monica  
Art Unit: 2822  
FEB 24 2005

EXTENSION OF TIME

Assistant Commissioner For Patents  
Washington, DC 20231

|  |
|--|
| <p align="center"><b>CERTIFICATION OF FACSIMILE TRANSMISSION</b></p> <p>I hereby certify that the following papers are being transmitted by facsimile to the U.S. Patent and Trademark Office at 703-872-9306 on <u>2-24-05</u>:</p> <p><i>Tommy Chambers</i><br/>Tommy Chambers</p> |
|--|

Dear Sir:

Pursuant to 37 CFR 1.136(a), Applicant(s) respectfully petition(s) the Commissioner for an extension of the shortened statutory period for response in the above identified Application.

The fee for this extension is indicated below:

|   |  |
|---|--|
| <input checked="" type="checkbox"/> One Month (\$120) | <input type="checkbox"/> Three Months (\$1020) |
| <input type="checkbox"/> Two Months (\$450)           | <input type="checkbox"/> Four Months (\$1590)  |

Any further necessary extension of time is hereby requested. Charge any and all fees, or credit any overpayment, to the deposit account of Texas Instruments Incorporated, Account No. 20-0668.

Respectfully submitted,

*W. Daniel Swayze, Jr.*  
W. Daniel Swayze, Jr.  
Attorney for Applicant  
Reg. No. 34,478

Texas Instruments Incorporated  
P.O. Box 655474, MS 3999  
Dallas, TX 75265  
(972) 917-5633

03/02/2005 DSHALLS 00000001 200568 10017737

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

**10017737**

**RCE**

**CLAIMS AS FILED - PART I**

|   | (Column 1)                  | (Column 2)   |
|---|-----------------------------|--------------|
| TOTAL CLAIMS  |                             |              |
| FOR   | NUMBER FILED                | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | <b>17</b> minus <b>20</b> = | <b>-</b>     |
| INDEPENDENT CLAIMS  | <b>3</b> minus <b>3</b> =   | <b>-</b>     |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                             |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**Response**

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|   | <b>22405</b>                     |                                    |               |
| Total   | <b>17</b> Minus                  | <b>20</b>                          | <b>2</b>      |
| Independent   | <b>3</b> Minus                   | <b>3</b>                           | <b>=</b>      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   |                                  | Minus                              |               |
| Independent   |                                  | Minus                              |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   |                                  | Minus                              |               |
| Independent   |                                  | Minus                              |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE                     |
|-----------|--------|----|-----------|-------------------------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00                  |
| XS 9=     |        | OR | XS18=     |                         |
| X43=      |        | OR | X86=      |                         |
| +145=     |        | OR | +290=     |                         |
| TOTAL     |        | OR | TOTAL     | <b>170<sup>00</sup></b> |

| RATE            | ADDITIONAL FEE |    | RATE            | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9=           |                | OR | XS18=           |                |
| X43=            |                | OR | X86=            |                |
| +145=           |                | OR | +290=           |                |
| TOTAL ADDIT FEE |                | OR | TOTAL ADDIT FEE |                |

| RATE            | ADDITIONAL FEE |    | RATE            | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9=           |                | OR | XS18=           |                |
| X43=            |                | OR | X86=            |                |
| +145=           |                | OR | +290=           |                |
| TOTAL ADDIT FEE |                | OR | TOTAL ADDIT FEE |                |

| RATE            | ADDITIONAL FEE |    | RATE            | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9=           |                | OR | XS18=           |                |
| X43=            |                | OR | X86=            |                |
| +145=           |                | OR | +290=           |                |
| TOTAL ADDIT FEE |                | OR | TOTAL ADDIT FEE |                |